

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES **ENVIRIONMENTAL PUBLIC HEALTH**

LEAD TRAINING PROGRAM

LEAD PRINCIPAL INSTRUCTOR APPLICATION

GENERAL INFORMATION

The training provider, in coordination with the training manager, shall designate a qualified principal instructor who meets the requirements in 19 CSR 30-70.320(8)(A). The principal instructor shall be responsible for the organization of the course and oversight of the teaching of all course materials.

An application to have an individual approved as a principal instructor shall include supporting documentation of the principal instructor's qualifications. Once a training course has been accredited any changes to the principal instructor must be submitted in writing to the Missouri Department of Health and Senior Services, Environmental Public Health, Lead Licensing Program for review and approval prior to continuation of the training course.

Note: A principal instructor is only approved for the training provider submitting the request. If a principal instructor decides to work for another training provider that training provider would be responsible for getting them approved as a principal instructor for their course(s).

Mail completed application and the necessary documentation as evidence of meeting the requirements for principal instructor to:

Missouri Department of Health and Senior Services **Environmental Public Health** Lead Licensing Program P.O. Box 570 Jefferson City, MO 65102-0570

LEGAL NAME OF INSTRUCTOR FIRST MIDDLE INITIAL LAST				
NAME OF TRAINING PROVIDER (EMPLOYER)				
TRAINING PROVIDER'S STREET ADDRESS				
THAIRMAN HOVIDERG GIRLET ABARESC				
CITY STATE ZIP CODE				
TRAINING PROVIDER'S TELEPHONE NUMBER TRAINING MANAGER'S NAME TRAINING MANAGER'S E-MAIL ADDRESS	3			
QUALIFICATIONS				
Complete this section and submit the appropriate documentation as evidence of meeting the requireme	nts (see 19			
CSR 30-70.320(8))				
The education and experience requirements for the principal instructor of a training course includes all of the following:				
The education and experience requirements for the philospar instructor of a training course includes an or the	c following.			
☐ Successfully completed at least twenty-four (24) hours of any OLLA- or Environmental Protection Agency (EPA)				
Accredited lead specific training (Enclose a course completion certificates issued by the OLLA – or EPA-accredited				
training provider as evidence of meeting the training requirements);				
A minimum of one (1) year of experience in teaching or training adults; and				
A minimum of ano (1) year of experience in lead or acheetes abatement, pointing, carpentry, repoyetion, remodeling				
A minimum of one (1) year of experience in lead or asbestos abatement, painting, carpentry, renovation, remodeling, occupational safety and health, or industrial hygiene, or an associate degree or higher from a post-secondary				
occupational safety and health, or industrial hygiene, or an associate degree or higher from a post-seco	ndarv			

 EMPLOYMENT HISTORY A resume can be used as an alternative to this section. Dates of employment, including months(s) and year(s), must be indicated on the resume. 				
EMPLOYER NAME				
EMPLOYER STREET ADDRESS		CITY		
STATE	ZIP CODE	DATES OF EMPLOYMENT (MONTH/YEAR)		
JOB DUTIES				
EMPLOYER NAME				
EMPLOYER STREET ADDRESS		CITY		
STATE	ZIP CODE	DATES OF EMPLOYMENT (MONTH/YEAR)		
JOB DUTIES				
EMPLOYER NAME				
EMPLOYER STREET ADDRESS CITY				
STATE	ZIP CODE	DATES OF EMPLOYMENT (MONTH/YEAR)		
JOB DUTIES				
EMPLOYER NAME				
EMPLOYER STREET ADDRESS		CITY		
STATE	ZIP CODE	DATES OF EMPLOYMENT (MONTH/YEAR)		
JOB DUTIES				
PERSONAL INFORMATION Use the principal instructor been convicted of a feleny under state or federal law designed to protect the environment or				
Has the principal instructor been convicted of a felony under state or federal law designed to protect the environment or human health?				
L bereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I				
I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I further certify that I will comply with Sections 701.300 through 701.338, RSMo, and with any regulations promulgated pursuant to Sections 701.300 through 701.338, RSMo.				
SIGNATURE OF APPLICANT			DATE	